Effecti	Effective on 12/08/04 Complete if Kn					lown				
Fees pursuant to the Consolidate	d Appropria	tions Act, 2005 (H.R. 48	318).	Application Nu		ij Hi	10/715	.765		
FEE TRA	NS	MITTAL	. 1	Filing Date					8, 2003	
For FY 2005				First Named Inventor			Robert E. Sinclair			
1 01		005		Examiner Nam	е		Myrian	n Pier	re	
□ Applicant claims small entity status. See 37 CFR 1.27				Art Unit			2654			
TOTAL AMOUNT OF PAYMENT (\$) 180.00			I-	Attorney Docket No. Express Mail Label No.			304557.01 N/A			
METHOD OF PAYMENT	,	,		Cxpress wan c	aber No.		1477			
Check Credit Ca	rd 🗆	Money Order	☐ None	Other	(please identif	y):				
Deposit Account Dep	nosit Accoun	nt Number: 50-04	163	Deposit Ac	count Name; M	ICROSO	FT COF	PORA	ATION	
For the above-identif					_					
Charge fee(s) in	ndicated b			. Cha	arge fee(s) in dit anv overpa	dicated bel	ow, exce	pt for th	e filing fee	
under 37 CFR 1	1.16 and 1.	(s) or underpayment .17	is or ree(s)	⊠ Cie	dit any overpa	ayments				
/ARNING: Information on the	ils form m n on PTO-2	ay become public. 0 2038.	Credit card	information st	nould not be i	ncluded on	this form	. Provid	le credit ca	
FEE CALCULATION										
. BASIC FILING, SEA	ARCH, A	AND EXAMINA	TION FE	ES						
		FEES		H FEES	EXAMINA					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	ty	Fees P	aid (\$)	
Utility	300	150	500	250	200	100	0			
Design	200	100	100	50	130	65	_			
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0	0			
EXCESS CLAIM FEE	s		-						Small Ent	
ee Description								Fee (\$)	Fee (\$)	
ach claim over 20 or, for ach independent claim o							notont	50 200	25 100	
ultiple dependent claims	vei 5 0i,	ioi itelaauea, euc	ппаереп	ident claim in	ore man in t	ie original	paterit	360	180	
	xtra Clair	ms Fee (\$)	Fee Pa	id (\$)	Multiple D	ependent (Claims	500	100	
0 - 20 or HP= 0 x 50 = 0			= 0	Fee (\$) Fee Paid (3		
HP =highest number of total cl	aims paid fo xtra Claim		Fee Pa	IH (6)	0		0	_		
0 -3 or HP= 0		x 200	= 0	iu (ə)						
HP = highest number of inde	pendent cla	aims paid for, if great	er than 3							
. APPLICATION SIZ	EFEE									
If the specification and d	rawings ex	ceed 100 sheets of	paper, the	application size	fee due is \$2	250 (\$125 f	or small e	ntity)		
for each additional 50 sh		Number	of each a	1(a)(1)(G) and dditional 50 c	or fraction th	s). ereof Fe	e (\$)			
Total Sheets -100 =	Extra She	/50 = 0		(round up to a			250	Fee	Paid (\$) ()	
		_ / 55 5		(rodina ah to a	wilde) num	ж <u> </u>	250	· -		
. OTHER FEE(S)								Fee	s Paid (\$	
Non-English Specification	on, \$13	30 fee (no small en	ity discour	it)					0	
Other: IDS									180	

SUBMITTED BY	1 0 1 1		
Signature	Ham & Tymas May	Registration No. (Attorney/Agent) 37,773	Telephone (425) 705-3539
Name (Print/Type)	James Banowsky /		Date December 12, 2005